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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	10/696,273
Filing Date	October 30, 2003
First Named Inventor	James David Main II
Art Unit	3527
Examiner Name	Not yet assigned
Attorney Docket Number	Compass001

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 35846

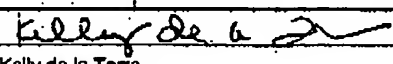
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Pursuant to 37 CFR 10.40(c)(5), the practitioner's client knowingly and freely assents to termination of the employment.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Brant Howard		
Address	CompassCom, Inc. 6770 S. Dawson Circle, Unit 1A		
City	Centennial	State	CO
Country	U.S.A.		
Telephone	(303) 522-1908	Email	
Signature			
Name	Kelly de la Torre	Registration No.	53,677
Date	July 6, 2005	Telephone No.	(303) 689-9560, ext. 11

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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